



Renewal Invoice

CITY OF SAINT PAUL

Check this box if making any name, mailing address or phone # corrections. Please write the changes on this form. If your business license address is changing, please request a new business license application

Department of Safety and Inspections
 375 Jackson Street, Suite 220
 Saint Paul, MN 55101-1806
 PHONE: (651) 266-8989
 FAX: (651) 266-9124
 An Equal Opportunity Employer

May 31, 2011

MY LIVING ROOM CAFE LLC
CONTACT: SAY HER VANG
2632 GOODVIEW AVE
ST PAUL MN 55128

HOME PHONE: 651-472-9924

Invoice # : 744956
 Invoice Due Date : Upon Receipt
 Account Balance: \$983.00
Pay this Amount: \$983.00

Transaction Description	Transaction Total
Inv: 722281 100000063 Restaurant (4) - 51-150 Seats Expires: 01/29/2011 @ 2038 MARSHALL AVE	631.00
Inv: 722281 100000063 Alarm Permit (Renew) 20014	27.00
Inv: 731531 Late Fee 7-30 days late (10%)	63.00
Inv: 733411 Late Fee 31-60 days late (10%)	63.00
Inv: 733411 Alarm Late Fee	10.00
Inv: 736927 Late Fee 61-90 days late (10%)	63.00
Inv: 741742 Late Fee 91-120 days late (10%)	63.00
Late Fee 121+ days late (10%)	63.00

Requirements	Invoice Amount Due: \$983.00
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Your account is overdue. Please mail payment today!!
 ** If this alarm permit is not paid within 30 days after the expiration date, a \$10.00 late fee will be added. **

Is your alarm monitored by an alarm company? Yes or No

If Yes, which company? _____

If No, please provide keyholder information - include full name(s) and phone #(s) :

Please verify your name, address, and phone #. Provide us with your current phone number if not listed above _____

Please Give Us Your Email Address: _____

Please Return this invoice with your payment!